

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 26133
Registrar's No. 2935

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2935	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Krestwood				STREET ADDRESS (If rural, give location) 55 3608 Prospect			
3. NAME OF DECEASED (Type or Print) EDWARD JOSEPH		a. (First)		b. (Middle)		c. (Last) DUFFY SR.	
5. SEX <input type="checkbox"/> male <input checked="" type="checkbox"/> female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 3-22-1877	
9. AGE (in years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chief		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Duffy		13b. MOTHER'S MAIDEN NAME Mary Dehoney		14. NAME OF HUSBAND OR WIFE Rose Duffy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daughter Mrs. Bolby 3838 E. 67 Terrace			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Left Hip Joint (b) Cerebral Arterio Sclerosis (c) Nephritis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age of patient 77				INTERVAL BETWEEN ONSET AND DEATH 3 months 2-3 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson Mo.			
21d. TIME OF INJURY 2 14 55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell			
22. I hereby certify that I attended the deceased from Feb 14, 1951 , to 7-11, 1953 , that I last saw the deceased alive on 7-10, 1953 , and that death occurred at 2 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Gerald W. Barry		(Degree or title) MD		23b. ADDRESS 3601 A Troost Ave		23c. DATE SIGNED 7-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-13-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 7-11-53		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar 1800 Linwood			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Gerald W. Barry, M.D.

11113
6331

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Melvin Barton

Licensed Embalmer No..... 990

P. O. Address..... KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.